

2009 H1N1 Flu:

Information for Doctors and Other Health Care Providers

- Wash hands often, and especially between patients.
- Get seasonal and 2009 H1N1 vaccine yourself, and encourage members of your staff to do so as well.
- Have a plan for who will cover your patients if you get sick so you can stay home.
- Counsel high-risk patients to receive seasonal and 2009 H1N1 vaccine.
- Even if you choose not to offer vaccinations for patients in your office, provide patients with a list of places where vaccine is available in your community and encourage them to get vaccinated.
- The federal government is providing vaccine for free. Most health insurers, including Medicare and Medicaid, will cover vaccine administration costs, waive co-payment requirements, and permit roster billing. The Department of Health and Human Services is encouraging providers to adjust or waive patient cost-sharing as necessary to prevent cost from becoming a barrier to vaccination.
- Know who your high-risk patients are young children, pregnant women, people with certain chronic health conditions like asthma or diabetes or heart and lung disease, people with weakened immune systems, people with neuromuscular disease, and people 65 years and older – and treat them early.
- Chemoprophylaxis should generally be reserved only for high-risk individuals known to have been exposed to influenza.
- Testing is recommended for hospitalized patients with suspected influenza; for patients where a test result can impact care and treatment decisions; and for patients who have died with suspected flu illness.
- Maintain capability for telephone consultation so your patients do not have to use the emergency department or visit your office unnecessarily.
- Know the signs and symptoms of rapid deterioration from 2009 H1N1 (fever with cough and dyspnea/tachypnea, cyanosis). Treat these patients early and monitor them closely.
- When you vaccinate, please use the proper CPT and billing codes to facilitate adverseevent monitoring. Report any vaccination-associated adverse events to VAERS (vaers.hhs.gov).

